



# THE DOCTORS WEEKLY

AN INDEPENDENT PROGRESSIVE JOURNAL FOR THE ENTIRE MEDICAL PROFESSION

Vol. II—No. 9.

NEW YORK, AUGUST 27, 1892.

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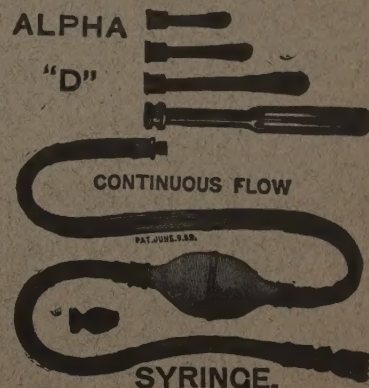
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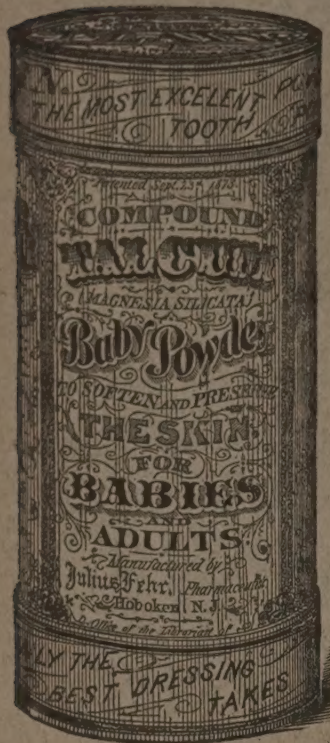
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railroad cars, necessi-  
tating amputation be-  
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vice of my surgeons I  
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ius placed me in a po-  
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## DRAINAGE FOR SEPTIC CONDI- TIONS OF THE UTERUS.

BY T. J. CROFFORD, M.D.\*

I do not consider it desirable upon this occasion to read a carefully formulated paper, but rather in a very concise manner to report some recent work in this line and to lay before you medical gentlemen some points for discussion, realizing that discussions are far more valuable than library papers. Should this paper draw you out, its effect will be salutary and its author gratified.

The method that I shall describe is not heralded as something new in principle, but a new application of the old surgical principle of draining a suppurating cavity. Why the cavity of the uterus should not be dealt with just as any other cavity, when in a septic condition, I have never been able to understand. This treatment is not only applicable to the puerperium, but to conditions which may follow abortions in all stages of utero-gestation and to the non-pregnant uterus as well.

Of quite recent date I have dealt with several cases of puerperal fever ranging in temperature from 103 to 105°. The patient is placed in the Sims position, or the dorsal, upon a table, and by means of a hollow-handled curette attached to a douche bag, in order that while curetting, the uterus is not only cleared of the placental debris, but as far as possible all septic material is washed away by the mild salt-water wash. Then by means of a long, curved pair of forceps, one end of a bundle of long strips of sterilized gauze is carried well up to the fundus, the forceps, being relaxed, are withdrawn to the cervix, the bundle of gauze again caught and carried well up toward the fundus and so on till the womb is well filled. Now, instead of leaving the gauze inside of the vagina, the bundle is allowed to hang out at the vulval orifice. This is done in order to insure the best results toward capillary drainage.

Now I wish to be clearly understood. I do not propose this as a cure-all for puerperal fever. There are cases of fever following delivery due to leaky tubes, to ruptured tubes, ovarian abscesses, etc., by which septic peritonitis is produced. As a matter of course, the above described treatment would be of no value here; but nine out of ten cases of puerperal fever, with which we deal, are due to septic infection along the genital track which can be readily reached, and, if taken in time, cured.

In my observation I have never seen a case of puerperal septicemia caused by absorption from the endometrium unassociated with a relaxation of the muscular wall of the uterus. Whether this is the result, or

the cause, of the infection, I cannot say; but it is possible for the poison not only to produce a vaso-motor paresis enlarging the vessels, but also through the nerves to produce a muscular relaxation, allowing a dilatation of the uterine sinuses which can so quickly drink up the poison, thus accounting for the rapidly fatal toxemia sometimes observed. Neither am I able to state positively in any case which cause predominates; both the infection and relaxation are likely factors. However, I can readily decide the question of the utility of the gauze when packed firmly into the uterus, in not only draining the uterus of infectious material, but stimulating the organ to contraction and curtailing its power of further poisoning.

I should like next to call attention to the folly of relying upon febrifuges and depressants to allay the fever whilst the prolific source of poisoning is unabated, and the importance of breaking the backbone or starving the fever by cutting off its supply by means of curetting, irrigating and draining by means of the gauze.

It is my practice in dealing with cases of retained placental fragments after abortion to scrape out the uterus and pack with gauze, thus offering the best means of preventing infection when it does not exist, and of curing it when it does exist. I have frequently, when called to a case of retained placenta after abortion, put the patient under ether, and by means of a curette run around and separated it from its attachments, then by dilating the cavity, removed it *en masse* or in as large pieces as could be done; then, after thoroughly irrigating the uterine cavity and packing with gauze, I feel that I have greatly obviated the danger from infection.

If the uterus does not expel it in three or four days, it is removed and the usual douches given. If, however, there is infection present, the packing should be changed much oftener. In puerperal cases I have seen the fever reduced from 104 or 105 degrees down to 101 or 100 by this measure alone. As a matter of course, when other complications, such as malaria, exist they should be met.

In my opinion this is the rational way to deal with these cases. I have never known a puerperal case to do otherwise than recover promptly when treated early by this means.

Many cases could be cited, but I shall report only four. These are selected with the view of illustrating the advantages not only in the puerperium, but its adaptation to septic conditions after abortion as well.

Case 1. Mrs. S., aged 30. Was seen by me first in consultation with her physician on the 20th of February last, one week after delivery. Two days previously she had a chill, fol-  
lowed by a temperature ranging from

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103 to 105°. She was very much exhausted. She was lifted from her bed and placed upon a table, the uterus was gently drawn down by a double tenaculum and thoroughly cleansed of the debris and septic material, by means of the irrigating curette. The uterus, which was large and flabby, was thoroughly packed with gauze and a strip left hanging out at the vulval orifice.

The temperature dropped to 101. This packing was repeated every other day for the next week, at which time she was discharged cured. Of course it took some days for her to regain flesh and strength sufficient to get up. She took no medicine after I saw her, except a few doses of ergot and quinine following my first visit. I can state that her recovery has been perfectly satisfactory, having been permitted to examine her on several occasions and study her case to my satisfaction.

Case 2. Mrs. C., aged 35, who had been delivered two days previously, was seen by me in consultation with her physician on March 9th. Twelve hours before seeing her she had experienced a severe rigor, which was followed by high temperature. She was treated as described in Case 1. She improved from the first treatment, and her temperature never was so high again. Whilst I have not examined this lady since her recovery, yet I see her upon the streets and know that she is well.

Case 3. Mrs. S., aged 24; was seen on June 7th. She had experienced a miscarriage ten days prior to this. The membranes were retained. She was brought to St. Joseph's Hospital in a condition of septicemia, the uterus being full of putrid contents, and a portion of the anterior lip of the cervix in a sloughing condition. Like the other cases, the uterus was freed of its contents, irrigated thoroughly and packed with gauze. This was removed in twenty-four hours. Shortly afterward the irrigating and packing were repeated. She made a good recovery, and left the hospital in three weeks from the time of admission in good condition.

Case 4. Mrs. V., aged 21; pregnant two months; had been ill for one week with a flow from the interior of the uterus, and other symptoms of abortion, but the uterine contents would not come away. I saw her at her residence in the city at which time she was experiencing a daily afternoon temperature. I advised her to come to my private Sanitarium, which she did. She was placed upon the table, the uterus was thoroughly dilated, a dull, thin curette was run around between the uterus and its contents. The latter were removed *en masse*, the uterus thoroughly irrigated and packed with gauze. In one week's time she returned to her home and has since remained well.

\* Read before Memphis Medical Society, May, 1892.

**A BOOMERANG.**—A quack in a Western city advertised that he had treated some thirty cases of diphtheria during the previous month, and had cured every one of them. He was thereupon arrested, and is to be prosecuted by the Board of Health for having failed to report the cases.

## SOME OBSERVATIONS ON CATARACT OPERATIONS AND AFTER-TREATMENT.

BY A. W. CALHOUN, M. D., LL. D., OF ATLANTA, GA.

*Professor of Diseases of Eye, Ear and Throat, Atlanta Medical College, etc.*

(Continued from last week.)

There are those who hasten maturity by the needle, lacerating the anterior capsule. That is sometimes done, though I am opposed to it. I would suggest instead a preliminary iridectomy, which gives the patient more vision, and prepares him for the operation a little better, probably, than he otherwise would be. If the patient is barely able to get about, and yet has not sufficient vision to attend to any work, I do not hesitate to make the operation, just as though the cataract was a matured one. You might ask, what do you mean by matured cataract? I mean that the lens has become so opaque, so thoroughly obscured by the opacity of the lens substance, that the patient is no longer able to count fingers at a distance of even one or two inches in front of him. If able to count his fingers at four or ten inches his cataract is immature. The patient is able to go about, but he cannot work, and if he is willing to submit to the operation I make it, and thus far I have no cause to regret it.

The operation for the hard or senile cataract is that known as extraction. You take out bodily the diseased lens. The operation usually made is known as von Graefe's, although very few operators follow it closely. They deviate from it more or less just as their own experience induces them to do so. After the corneal cut, follows a partial iridectomy (or no iridectomy, as the case may be); and following that, the breaking up of the capsule of the lens and delivering the lens from the position it occupies in the interior of the eye, through the corneal cut. That, in few words, is extraction.

There are two points of discussion about cataract extraction, viz.: extraction, with or without iridectomy. Simple cataract extraction means that you remove the cataract without disfiguring the pupil by an iridectomy. Removing the cataract with an iridectomy means cutting out a portion of the iris, leaving, instead of a circular, rather an oblong pupil. Both have their advantages and disadvantages. The advantages, I think, predominate with extraction with iridectomy. Simple extraction is a very beautiful operation but is nothing new at all. A German physician discovered that by making an iridectomy he could deliver the lens easier, and a great many good results followed the operation. Since that day we have had extraction with iridectomy. The advantage of simple extraction lies chiefly in the fact that the iris is left with a perfectly circular pupil. The ball looks natural, and no one would know that the patient had ever had cataract. Actual statistics prove that the vision of patients with the circular pupil is no better than with an oblong pupil. The advantage of extraction with iridectomy is that the lens is much more easily de-

livered from its position in the eyeball. With iridectomy you avoid pressure upon the iris, and the danger of prolapse of the iris and iritis largely disappears. Iritis without iridectomy is common. Another advantage of iridectomy is that we can get the cortical substance out more readily as the lens is extracted from the ball. The edges of the corneal wound pull off some of the lens substance which is retained in the eyeball, and with a pupil perfectly circular, it is very difficult to get this soft substance out, and as a result it remains and often becomes a source of iritis. This is also the cause of secondary cataract; it becomes thick and opaque, and a secondary operation is required. In a number of instances your patient must return at the end of six months and submit to another operation. The advantage of an iridectomy is that it is seldom needful to make an operation for the relief of secondary cataract. I do not find any of the cortical substances remaining behind, sufficient in quantity to produce a membrane interfering with vision.

Delivery of the lens must be preceded by the breaking of the capsule. This is a simple procedure. Formerly it was thought best to make a small opening into the sac, force the lens out, leaving the capsule in position and breaking it up afterwards. That was a useless procedure, inasmuch as it necessitated the patient undergoing a second operation, patients were very frequently unable to go to that expense and wait for that length of time. The capsule is now freely lacerated, and there is nothing then to hold back any portion of the lens, so far as the capsule is concerned. After having lacerated the capsule and made the iridectomy, I simply press gently the lower corneo-sclerotic margin, tilt the upper edge of the lens slightly forward, and it comes out with ease. I then remove the speculum from the lids, let the patient rest a few minutes, and begin the process of dislodging whatever of cortical substance may be left behind. After the operation has been finished in this manner, I go back to antiseptic treatment, using the mercury solution freely, so as to wash the lower lid, and let it come in contact with the eyeball itself. Some of it gets into the anterior chamber, and aids in washing out portions of remaining lens substance.

This treatment is, of course, susceptible to a great many modifications. Operators modify these things according to their own ideas and experience.

A great deal has been said in regard to the bandage used after operating. Shall the patient sit up with the unoperated eye uncovered? The old method has proven a satisfactory one, and while it keeps the patient in bed a little longer, that weighs nothing in the balance when you consider the fact that under any other treatment you are apt to have accidents. The plan is advocated of simply putting an adhesive plaster across the closed lids; but the safest plan is to take a piece of absorbent cotton, moisten it with white vaseline, and fill out the cavity of the orbit above the closed lid, and use the flannel roller bandage, an inch and a half wide, put on in the figure-of-eight position. You can put that on lightly so as to exercise no

pressure upon the eyeballs, and the patient can move his head about on the pillow. I would advise those of you who have not had much experience, to see your patient twice a day. Take off the bandage, and with a chloride of mercury bathe the lid on the outside, but do not open the lid unless there is decided inflammation. I keep up that process of twice a day dressing the eye for four or five days, and then lengthen the interval. After the patient has been in bed four to six days I turn one eye loose and keep the other bound until it is ready to be turned loose permanently. That is my mode of after-treatment, so far as the bandage is concerned.

In cases in which there is an irritable condition of the iris, I use a 3 gr. to the ounce solution of atropia. Pull down the lower lid and drop two or three drops of atropia in the eye, which does away with the danger of iritis. I have had only one case of iritis in the last several hundred cases, and I am disposed to think that the patient produced it himself by an awkward movement of the hand.

My own experience and that of the New York hospitals is, that the operation with iridectomy gives just as good visual results as the operation without iridectomy. I have made most of these operations with iridectomy. The claim for the simple operation without iridectomy is merely that the eye looks more normal and presents a more sightly appearance. We have arrived at such a state of perfection in operating upon cases of cataract that it is seldom indeed that an eye goes wrong after having been operated on. I have the records of 209 consecutive operations of cataract without a single loss, except in the one in bed at present with violent iritis. There has not been a particle of suppuration in either one of these cases.

Of the 209 cases, 30 were soft cataracts requiring needling, and 179 are cases of extraction. Antisepsis and cocaine were the chief factors in obtaining the good results above mentioned.

**AN OSSIFIED GIRL** has been unearthed in Kansas City, Mo. The girl is Rose Lee Clemons, 18 years of age and daughter of Thomas Clemons, a farmer of Paul's Valley, I. T. She was born in Tulare County, California, and at birth weighed only one pound, but was well formed. Since then her development has been slow. She is now 4 feet tall and weighs 28 pounds. She has not a bit of flesh, her skin being drawn closely over the bony framework of her body. She cannot talk because of a malformation of the tongue, but understands what is said to her and answers by signs. She has never been at all ill and eats heartily. Her head is well formed and she has bright brown eyes.

**PRETTY COUSIN:** Your friend, Dr. Lancet, passed me down town to-day without even a bow!

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Pretty Cousin: But that's no reason why he should cut me!

# BOVININE

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## FOREIGN LETTER.

(From our staff correspondent).

Paris, Aug. 10, 1892.

At the meeting of the British Association at Edinburgh last Saturday, the question of criminal anthropology was discussed. The discussion was opened by Dr. T. S. Clauston, of Edinburgh, who has long made this subject a special study. He said that criminal anthropology had not been studied in Great Britain as it had been of late years in Italy, France and Germany. He directed attention to the great interest and importance of the subject, and said the time was very near when some knowledge of it would be required of all medical men, lawyers, and prison officials. Every student of criminal anthropology must have before him the three great factors—first, the heredity of the criminal; second, the actual brain, with its reactive and resistive qualities in each case; and third, its environment, with its permanent and immediate effects. The brain cortex must be regarded as the vehicle of the goodness of the saint, and the badness of the criminal. Had they among them men and women whose mental brain cortex was of such quality that, in the ordinary environment, their conduct must be anti-social, and if so, by what signs were they to distinguish this criminal cortex and its possessor from other people? If there were no such signs to be found in the criminal, then there was no such science as criminal anthropology. It was only with the habitual criminal they had to do for the purposes of scientific study. One conclusion was forced upon him, and that was that criminals as a class fell far below the high and ideal standard of brain and body. All investigators were absolutely united on this point. The weak point in criminals had been weighed, measured and described. The classes of society from which most of those criminals came had not been subject to the same process of scientific investigation as the criminal himself. The scientific method of the future must be to apply tests to whole masses of the lowest class of society. All considerations pointed to two sources of criminality. First, there was the not fully evolved man, fitted to do his work in a primitive society, but who could not accommodate himself to the condition of a highly organized and extremely artificial modern society, and who fell into criminality and swelled the list of criminals through his environment. Secondly, the non-developed man whose development had been arrested towards the end of the period of adolescence, before his moral qualities had attained their full strength. It seemed clear that scientific criminal anthropology, which covered the whole ground, must deal with the idiot, the vagrant, the ne'er-do-well, the prostitute, the epileptic, and the insane, as well as the criminal and the class from which he came. If the study established physiological and hereditary connection between the classes, the criminal would have to be treated more from the point of view of some of the classes he had mentioned, and not from the merely punishing point of view.

Dr. Benedikt, of Vienna, supported many of the views of Dr. Clauston, but said that in studying the classes from which criminals came, they must be careful not to confuse the poor and miserable with the criminal classes. Dr. Manouvrier, of Paris, maintained that there was no hard and fast line between the criminal and non-criminal classes, and contended that criminality was the resultant of two sets of factors, namely, the internal factors of disposition, and the external factors of temptation and circumstances. The Chairman, Professor Macalister, in closing the discussion, referred to the Draconian laws, under which they used to hang people for any offence over five shillings.

There is very little going on in medical circles in Paris at present. Doctors Charcot, Brouardel, Fournier and other shining lights are away from the city, and the clinics will not open until September. The cholera question seems to have occasioned very little excitement here, and it is the general opinion that the cases reported in this city and its suburbs were not Asiatic cholera, but merely cholera morbus, which proved fatal in a few instances among children and aged people. It is admitted by all, however, that the Seine water, which was held responsible for some of these cases, is very filthy and unfit to drink. The plumbing, too, in the hotels and private houses in Paris is usually poor and inadequate, and it is far inferior to the best American plumbing, both from a sanitary and artistic point of view.

The Salpêtrière Hospital in Paris is probably one of the largest institutions of its kind in the world. It consists of perhaps a dozen or more long, low stone buildings, separate from one another, and covering altogether an immense area of ground. A number of these buildings are occupied as an almshouse, and the remainder by insane women and imbecile children. The visitor is shown every courtesy at the hands of the hospital officials, and if fortune favors him, a young and pretty French nurse will be asked to act as his guide. The floors of the buildings, the beds, the bath-rooms, etc., are kept scrupulously clean, and have been scrubbed and scrubbed again until the very stone and wood-work is worn away. Everything, however, is extremely plain and simple; there are no decorations, no modern improvements nor luxuries of any kind. The guide exhibits with pride Charcot's magnificent collection of wax models, and also the class-room where he delivers his famous clinical lectures to students from all parts of the world. The platform faces a number of rows of hard looking wooden chairs and benches, and the wall behind it is covered by the original painting of Pinel loosening the chains from the insane; copies of which are common enough in New York. A primitive electrical battery and suspensory apparatus complete the furniture of the room.

While Paris is the most beautiful city in the world, and the French people have many virtues, they have also many vices—perhaps more than their share. Here night is too often turned into day, and sexual excesses and perversions reach their highest—or rather their lowest level. A crowd

of gay Parisians, sipping absinthe in front of a cafe at midnight is one side of the picture: another is the army of imbecile children at the Salpêtrière and one is apt to ponder whether nature ever fails to exact the fullest penalty for her outraged laws.

A. L. GNICHTEL, M. D.

DR. DZIEMBOWSKI observed the following case: A needle which, by accident, had entered the chest in a slanting direction, was broken off in the endeavor to extract it. The characteristic symptoms were: lessening of the pulse to 40; afterward a very distinct noise, showing that the heart was chafing against the broken piece of needle that remained in the chest. These symptoms were observed while the patient was in a sitting position; when lying down they appeared in a considerably less degree. Operation showed that the needle had pierced the cartilage of the fourth rib and here stuck out. It was successfully withdrawn without excision of the rib. Improvement followed without any complication.—*Nowiny Lekarskie*, February, 1892.

## NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well known that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from overmental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents for uric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolved in water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 \*

# BURGUNDIA COCA.

## The Tonic of Tonics.

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AND EFFICACY.

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## OBITUARY.

Percy W., wife of Dr. A. K. Minich, died at Wilewood, N. J., August 17, 1892.

Fannie M., wife of Dr. F. C. Barton, died at her home in Jersey City, N. J., August 20.

Dr. Peter Bryce, Superintendent of the Alabama Insane Hospital, died of Bright's disease at his home in Tuscaloosa, Ala., August 14.

On August 15, at St. Louis, Mo., Samuel M. Tutt, son of Samuel J. Tutt, M.D., of St. Louis, Mo., died in that city: age, 39 years.

Dr. Clarence O. Taylor, of No. 1449 Lexington avenue, this city, died in the New York Hospital August 19, from hemorrhage of the lungs. Dr. Taylor was born in this city in 1858. He graduated from the Bellevue Hospital in 1879.

Dr. A. F. Lee, a well known surgeon died at the Jacksonville Asylum, Quincy, Ill., August 18. Deceased had a wide reputation, made by surgical operations in St. Louis, Mo. Until he lost his reason he was the surgeon at St. Mary's Hospital, and of the Hannibal and St. Joseph, Chicago, Burlington and Quincy and Quincy, Omaha and Kansas City railroads.

## MARRIAGES.

Dr. W. A. Johnson and Miss Calista Long were married at Ellijay, Ga., August 18.

## PERSONAL.

DR. M. T. DUREA, of Elmira, N. Y. is at Atlantic City, N. J.

DR. R. L. MIRANDA, of this city, is at Saratoga Springs, N. Y.

DR. M. L. RANNEY and family, of this city, are at Netherwood, N. J.

DR. S. J. D. NORTON, of this city, is at the Linwood, Bay Shore, L. I.

DR. DWIGHT SMITH, of this city, is at the Coleman House, Asbury Park, N. J.

DR. E. W. M. SELLS, of this city, is at the Peconic House, Greenport, L. I.

DR. C. H. SCHUREMAN, of Newark, N. J., is at The Lennox, Asbury Park, N. J.

DR. D. P. PINDER, of Hoboken, N. J., is at the West End Hotel, Asbury Park, N. J.

DR. AND MRS. CHAS. B. WHITE, of this city, are at Hotel Wawbeck in the Adirondacks.

DR. AND MRS. ALFRED WHELAN, of Philadelphia, Pa., are at Hotel Wawbeck in the Adirondacks.

DR. W. S. HOUGH, Dr. and Mrs. G. G. Heman and Dr. C. Nicolai, all of this city, are at Fontenac, Thousand Islands, N. Y.

DR. CHAS. D. ROY, of Atlanta, Ga., leaves on one of the North German Loyd steamers, Aug. 9, for Berlin, Munich and Vienna, where he will study his specialty, diseases of Eye, Ear, Nose and Throat. He expects to complete his course in about 2 years.

## PLAN FOR A SELF-SUPPORTING SOCIETY FOR THE SUPPRESSION OF THE ABUSE OF MEDICAL CHARITY.

Editor Medical Record:

I would suggest the following as a scheme for the organization of a society to repress the dispensary evil. The society shall have at each dispensary a clerk whose duty it shall be to fill out certain blanks and obtain the signatures to them of applicants for medical charity, and who shall have duties covering a certain district of the city.

Blank No. 1.

Name....., Address....., Age....., Occupation....., Income when employed....., When last employed....., Number in family....., Value of property owned by applicant or responsible relative....., What is the largest amount that you or your family can pay for the treatment you desire, \$.....? per week. \$..... per visit?

Could you pay in the future.....? To whom can you refer to verify the above statement:

Name....., Address..... where he can be found at..... o'clock.

I hereby declare the above true to the best of my knowledge and belief.

Signature of applicant for medical charity:

I know the person named above and believe the above statements to be true.

Signature of person named as reference:

Name..... Address.....

Blank No. 2.

In consideration of medical treatment received at an institution under the supervision of the Society for the Prevention of the Abuse of Medical Charity, I agree to pay to said society \$..... on demand of an agent of said society.

Signature of patient.....

The amount to be inserted is to be equal to what a physician treating the case in his office would charge a similar patient for a similar service.

The above note is only to be enforced in case of fraud.

The city would be divided into districts, each under the care of one of the dispensary clerks, whose duty it would be to verify the addresses of applicants from his district, to obtain the signatures of references, and to report to an investigation department of the society such cases as seemed to require investigation, said clerk to receive a percentage of money recovered from cases reported by him for investigation.

The work of the dispensary clerks would thus be chiefly routine, and they would not command high salaries.

The investigation department would be under the control of men of known good judgment, or this work might be entrusted to the Charity Organization Society. When fraud was detected the notes in the hands of the society would be collected by the usual legal methods and the proceeds used for the support of the society.

If there were a surplus it might be used to buy whiskey for the men and fine clothes for the women who might be deprived of these luxuries when

compelled to pay their doctors. Or a "law dispensary" might be started where all comers would receive free legal advice, thus giving another learned profession the benefit of a dispensary system.

The working of the society would be as follows: The clerks would fill out Blank No. 1 for each new applicant, and see that each patient signed Blank No. 2, and that the physician inserted the value of the services rendered. At the close of dispensary hours all these papers would be sent to the society's office, where Blanks No. 2 would be filled and Blanks No. 1 sent to their respective districts for the preliminary work by the dispensary clerks. Anyone giving false information or able to pay doctor's fees would be reported to all the dispensary clerks, and in case he should apply a second time the clerk of the dispensary to which he applied would report him to the proper dispensary authority as not a fit subject for medical charity. Cases desired for clinical purposes could be given passes admitting them to free treatment.—LOUIS F. BISHOP, A. M., M. D. 24 EAST FORTY-FIRST STREET.

MORTALITY diminishes with every day of advancing life. Every additional hour improves the baby's chances for preservation. Almost one-half of the infants who die before the end of the first year do so before they are one month old. The causes of the disease are the more active the earlier they are brought to bear upon the young with their defective vitality.—A. Jacobi, M.D., in "The Intestinal Diseases of Infancy and Childhood." (Davis.)

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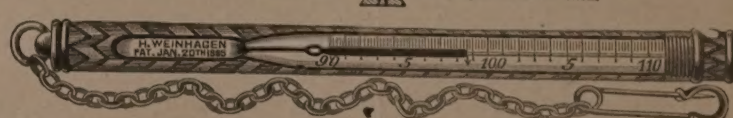
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BALTIMORE, MD., 8 November 1887.  
ORRAT T. SHERMAN.

## The Doctors Weekly

IS PUBLISHED

EVERY SATURDAY,

BY

FERDINAND KING, M. D.

EDITOR AND PROPRIETOR,

96 FULTON STREET,

P. O. Box 1209, NEW YORK, U. S. A.

To whom subscriptions, and all communications relating to any department of the paper should be addressed.

Subscription \$2.00 a Year. Single Copy by Mail Ten cents, post-paid.

Entered at New York Post Office as second class matter.

## ANNOUNCEMENT.

EARLY in October, we will issue a large special edition of the WEEKLY containing photographs and biographies of many prominent physicians now residing in New York City, who were born in the Eastern States. This edition will be followed in rapid succession by similar editions devoted to physicians who came here from "The Southern States," "The Western States, etc.," and also those of foreign birth. As about 25,000 copies of each edition will be printed, advertisers will find this an unusual opportunity for reaching the entire profession throughout the United States and Canada at small cost.

PATIENT: Doctor, I have just sent for a demijohn of New Jersey apple-jack. Shall I order anything to go with it?

Physician: I would recommend a coffin.

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SYRUP OF HYDRIODIC ACID.  
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This is the original Syrup of Hydioidic Acid, first brought to the attention of the medical profession by E. W. Gardner, the use of which has established the reputation of Hydioidic Acid as a remedy.

Since its first introduction in 1878, its great value in the treatment of disease, as demonstrated by the experience of the profession, and the extensive circulation of this experience by the present writer, has excited the cupidity of a large number of manufacturers, who are seeking to take advantage of the reputation which this article has obtained, and of the large outlay of time and money expended by the writer, in disseminating the experience of the profession in its use.

Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the original preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydioidic Acid should not be prescribed in combination with alkalies, metallic salts, or oxidizing agents, which latter would convert the Hydioidic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the prot-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydioidic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydioidic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a non-irritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner.

## THE DISPENSARY EVILS.

On another page we print a plan suggested by Dr. L. F. Bishop, of this city, for a self supporting society for the suppression of the abuse of medical Charity. With some slight changes and modifications to be made later on, we think it quite feasible. Its rigid enforcement would no doubt lead to a weeding out of an army of dispensary deadbeats who have long been and are now the unworthy recipients of a well-intended and much-needed charity. Under the workings of such a plan the philanthropically inclined of our population would undoubtedly contribute much more liberally to the support of our numerous medical charities in future than they have in the recent past. A certain amount of suspicion has been created in the minds of such contributors of late by hints of an irregular and improper application of their contributions, therefore some plan like that suggested by Dr. Bishop must be adopted to restore confidence all round. Little can be accomplished, however, without the concurrent action of the medical profession. He who takes the initiative in the matter will receive the plaudits of his fellow-practitioners.

## EDITORIAL ITEMS.

A free institution for the practice of "Keelyism" has been established in this city. We predict its early failure, simply because the besotted, rum-soaked creature whose redemption is attempted, really has no desire to reform, and is utterly lost to moral suasion—the most powerful factor in the treatment of such patients.

WE can now begin to scent real danger as Cholera in an epidemic form has reached Hamburg and Havre, two European ports with which we are in direct water communication. We are pleased to note the fact however that our local Board of Health is on the alert and furthermore that strict quarantine measures are being adopted by the U. S. Hospital Marine Service, which seems to be fully alive to the importance of heading off any possible invasion of this country by the dreaded scourge.

WE find an interesting editorial in the current issue of the *Journal Am. Med. Asso.*, on "Mistakes in Diagnosis," from which we extract the following:

"Therapeutical differences of opinion are a part of the individuality of the man. Differences of diagnosis date from the perception and power of reasoning, together with experience, memory and training. Of necessity it will vary widely, especially if any obscurity or complications of symptoms are present. One of the most eminent London physicians had a clinical clerk who recorded all the facts of the case, which were read over at leisure and studied before an opinion or diagnosis would be given. Physicians should exercise the same caution and care in forming opinions that judges display. Occasions rarely occur in which time cannot be taken to study and consider the meaning of the symptoms. It is no mark of greatness to be able to diag-

nose the case at once, or in the popular sense see through the case at a glance.

It is no sign of ignorance or incompetency to fail to understand the case. To teach students that positive diagnosis can be made in all cases is an error. The rapid increase of means and appliances for ascertaining facts of disease and diseased conditions, require more study and training, and capacity for deductive reasoning. The older physician who makes a diagnosis often by mere intuition, may be quite as accurate as the younger man with a vast array of facts from instruments of precision. In one case we can follow and correct such reasoning, but in the other we cannot. Carlyle said mistakes and errors are inseparable from every human being, irrespective of all conditions.

It seems that doctors multiply about as rapidly in Europe as in America, regardless of the advanced curriculums and increased years of study required. The cry is, still they come, says the *British Medical Journal*, and in increasing numbers. It will be noted with mixed feelings by the struggling practitioners who find it hard to get a living with their utmost efforts, and who have to content themselves with starting sixpenny dispensaries or attending clubs at 2s. a head, that the number of medical degrees conferred at the recent capping at Edinburgh University was the largest on record, including 202 Bachelors of Medicine, and 60 Doctors of Medicine. What hard struggles await many of these still happy and unconscious recruits in the fierce battle of life that lies before them!

## SHE SWALLOWED PINS.

A desperate attempt to commit suicide was made at 3.30 o'clock yesterday afternoon by Pauline Pate in a cell in the Four Courts. St. Louis Mo., She had been arrested several hours before on two charges of petit larceny by Officer Whelan of the Central District. The complainants were Max R. Bordenheimer of 3407 Pine street and Henry Epstein of 302 South 2nd St., she was arrested at the house of Epstein, where she was employed as a domestic. The attempt at suicide was discovered by Sergeant Murray. He was attracted to the woman's cell by her violent coughs and gasps for breath. In her hand she held two or three pins, and was in the act of putting one into her mouth. Her tongue was coated with blood as well as the stone floor of her cell.

She was at once taken to the dispensary, where it was discovered that she had swallowed two brass pins and that they were firmly embedded in her throat. An attempt was made to remove them, but it proved futile. She was then sent to the City Hospital. When that institution was reached an operation was at once commenced. She may recover.—*Exchange.*

Young Man (helplessly)—"Doctor, is there any cure for the liquor habit?" Doctor (thoughtfully): "Y-e-s, one." "What is it?" "Marry a woman bigger than you are."

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## NEW AND OLD CURES FOR CONSUMPTION.

Many plausible theories of pathology and promising systems of cure arise from time to time to excite the hopes of those afflicted with that dread disease, consumption.

Within the past few years we have seen several such systems run their course of popular enthusiasm, professional encouragement, thorough test and ultimate failure. The best that any exclusively germicidal treatment can do, if successful at all, is to destroy the germs, or dislodge the germ-bearing tissues, and leave the patient in his original condition, modified by the destructive lesions which have already taken place.

But especially must it be borne in mind that the new method of treatment put forth by Prof. Koch is, confessedly, not applicable to the vast majority of consumptive cases, where the disease has already made considerable advance, but only to those that are in the incipient stages. It is also contra-indicated in cases of tuberculosis of the meninges, brain, larynx and other confined localities or narrow passages where the hyperemia induced and the necrosed tissues will give rise to serious and generally fatal disturbances.

Even with the best of germicidal treatment, then, in pulmonary phthisis, the reconstructive measures will still be needed to aid in the process of repair. In fact, without them the patient would be left peculiarly pre disposed to immediate re-infection with the disease. It is, then, safe to predict that no method of treating pulmonary consumption will ever be devised, however radical in its nature, which will supersede the well-known hygienic and reconstructive measures.

The reason for this is plain to every thinking man. Even before the patient was infected at all, before any anatomical lesion existed in the tissues, at an unguarded time of lowered vitality, the germs of disease made a successful lodgment, and the destructive process commenced.

Now, it is a well established fact that the chief of all reconstructive remedies is the combined hypophosphites of lime and soda—and this very remedy has long been in successful use in the treatment of consumption. It is of equal value as a prophylactic in those cases that are constitutionally predisposed to the disease, and as a curative agent in the incipient and even somewhat advanced stages. It alone has proven to be more successful in curing pulmonary tuberculosis than the Koch method, and without any of its dangers and complications. It accomplishes its work gradually and insensibly, replacing new tissues, cell by cell, for the broken-down, diseased tissues as they are removed in a true physiological process by the absorbent powers of the system. In this there is no sudden "reaction" or violent process, removing large and dangerous sloughs, leaving the patient prostrated by the shock, and the adjacent healthy tissues raw and exposed, liable to receive the disease germs anew, and to disseminate them throughout the system more rapidly than before.

So, then, whether any of the germicidal treatments be ultimately successful in removing the cause of the disease or not, the hypophosphites of lime and soda will still be a necessity in the armamentarium against consumption. As a specific curative agent it will outlive them all.

But it is of the utmost importance that you assure yourself of the chemical purity of the preparation of the Hypophosphites which you use, as it is peculiarly liable to deterioration unless properly prepared. The McArthur Hypophosphite Co., Boston, Mass., will send you valuable information upon the treatment of consumption, if you so request.\*

## PRESCRIPTIONS.

FOR DIARRHOEA OF CHILDREN.

Take  
Chalk Mixture 1 1-2 oz  
Tinct. Opil Camph. 2 drs.  
" Catechu } of each 1 dr.  
" Cinnam. }

Mix. Dose: For child three months old a small teaspoonful.

FETID PERSPIRING FEET.—Dr. Bordet gives the following formula:

R French chalk, 40 parts,  
Subnitrate of bismuth, 45 parts,  
Permanganate of potassium,  
13 parts.  
Salicylate of sodium, 2 parts.

M. This powder should be dusted daily into the stockings. The feet should be washed every morning and evening, and after washing, rubbed with alcohol.

CHOLERA MIXTURE OF THE BRITISH ARMY.

Oil of Anise 3 drs.  
" " Cajeput 3 "  
" " Juniper 3 "  
Ether 1 oz.  
Liq. Acid Haller 1 dr.  
Tinct. Cinnam. 4 ozs.

Mix. Dose: 10 to 15 drops in a tablespoonful of water every quarter of an hour.

ATONIC OR SUBACUTE GASTRIC CATARRH.—Hare (*Proc. Therap.*) gives the following for atonic or subacute gastric catarrh, with eructations:

R Oleosin. capsici, gtt. x or xx.  
Pancreatin, gr. xx.  
Pulv. zingiberis, gr. xl.  
Pulv. carbon. ligni. gr. xl.

M. Ft. pil. xx. Sig. One or two t. d. Ex.

LOTION FOR FRECKLES.

The following will be found to be an excellent wash for the removal of freckles.

Sulpho-carb. Zinc 1 oz.  
Glycerine 12 "  
Rose Water 12 "  
Alcohol 3 "  
Cologne Water 2 drs.

Mix and apply to face night and morning leaving it on about an hour and then washing in clear cold water.

SUN BURN LOTION.

Tinct. Benzoin. 2 drs.  
Rose Water 2 oz. a  
Glycerine 2 drs.

Mix. This forms a very soothing and healing lotion for sun-burn.

ANGINA PECTORIS.

R Tinct. digitalis, m v.  
Glonoin (cent. sol.) m j.  
Tr. cinchona, ad 3 j.

M. Sig. One dose to be given four times a day.—*Crook in Weekly Med. Review.*

PAINLESS UTERINE DILATION.

R Sulphuric ether, 3 iij.  
Iodoform, 3 iij.  
Pure cocaine, 3 j.

M. Sig. Steep in this the laminaria for eight days.—*Ex.*

CHRONIC PROSTATITIS.

R Iodoform, gr. xx.  
Olive-oil, 3 ij.  
Cacao-butter, q. s.

Sig. Divide into 20 suppositories, one to be inserted at bed-time.—*Ex.*

BILIOUS HEADACHE.—

R Pulv. opii,  
Pulv. ipecac., aa gr. ½.  
Masse hydrarg., gr. ss.

Misce et ft. tab. trit. no. j.—*N. Y. Med. Jour.*

ATKINSON'S INFANT PRESERVATIVE.—This preparation is esteemed very highly in England, and seems to be well calculated for use in the summer and during dentition of infants.

Carbonate of Magnesia 6 drs.  
Sugar, Loaf 2 ozs.  
Oil of Anise 20 drops.  
Spts. of Ammonia 2 1-2 drs.  
Tinct. Opium 1 dr.  
Syrup Saffron 1 oz.  
Caraway Water enough to make 1 pt.

TO RELIEVE VOMITING DURING PREGNANCY.

(1) Parched or Pop Corn has been recently suggested as remedy for this most distressing sickness. It should be popped freshly and eaten freely

(2) Magnesia Carb. 1 dr.  
Tinct. of Columbo 4 dr.  
Peppermint Water 5 1-2 oz.

Mix. Dose: A tablespoonful 3 times a day.  
(3)

Sweet Tinct. Rhubarb 2 ozs.

Comp. Tinct. Gentian 1 oz.

Mix. Dose: A teaspoonful 3 times a day.  
—*N. E. Druggist.*

## THERAPEUTIC NOTES.

CORROSIVE sublimate in almond-oil emulsion (1 : 1000) has been recommended for application in acne.—*Ex.*

A SOLUTION of alum of a strength of about 20 grains to an ounce of distilled water applied at night often gives immediate relief in chafing.

EUPHORIN and EUROPHEN are totally dissimilar products. The dose of the former is 7½ to 15 grains; of the latter ¼ to 1½ grains.

ATROPINE IN DELIRIUM.—In low muttering delirium, with moist skin, 1-60 grain atropine, hypodermically, is beneficial.

COCAINE, in doses of gr. ¼ ter die, succeeded in controlling the vomiting of carcinoma of stomach after all other means had failed, in a case shown the class at Pennsylvania Hospital, by Dr. Meigs, recently.—*Ex.*

DR. FRANK VAN ALLEN, in the *New York Medical Journal*, speaks of the good effect of painting the nipples several times a day with the white of an egg. The albuminous covering is soothing, and under it the nipple soon heals.

CHROMIC ACID A CURE FOR SNAKE-BITE.—Dr. Justin Karlinski, of Herzegowina (*Wien Medizinische Presse*) uses a 10 per cent. solution of chromic acid for snake-bites. He injects the acid into the subcutaneous tissues around the wound, and claims that the symptoms disappear in from fifteen to twenty minutes.—*Lancet Clinic.*

DR. HINTON recommends the following treatment for bone felon. Prepare a poultice of equal parts of powdered soap and desiccated salt (anhydrous sodium chloride), and enough balsam fir to make a mass. The mixture is applied twice daily for three days, when it will have made a hole to the bone, and "the core" is easily taken out. He has used the above in over a hundred cases with success.—*N. Y. Med. Times.*

STROPHANTHUS A LOCAL ANESTHETIC.—Strangely enough, it has been found by experiment that strophanthus acts as a local anesthetic, and is said to be somewhat similar in this respect to erythrophloeine. The same is also noted in regard to helleborin, the glucoside obtained from the Christmas rose. The action of helleborin is very much like that of cocaine; it causes no dilation of the vessels while acting as a pupil-dilator. It was STEINACH, who first discovered in strophanthus seeds a body not identical with strophanthin, which when placed on the conjunctiva produces in from twenty-five to thirty minutes complete anesthesia, lasting from two to twelve hours. On further investigation it was found that this medication produced passive hyperemia, and that the condition might pass on to cloudiness of the cornea. The local anesthetic effect of strophanthus is, therefore, merely of pharmacological interest, like that of erythrophloeine, just noticed, and cocaine is still superior to either or all of them.—*Notes on new Rem.*

NITRATE of silver is not as dangerous in acute urethral inflammation as is generally supposed. By beginning with small doses and increasing daily a tolerance can be established (the same as in chronic cases). Although a solution of the strength of 15 or 20 grains to the ounce can be reached in this way, it is not wise to go above 8 or 10 grains; and then if the result is not favorable to continue with some other means. In this, as in bichloride irrigations, and all other methods which try to cure this trouble quickly, a dry, congested and slightly irritated condition is liable to follow, which should be treated for some days off mild astringents, these to be left by gradually. When the discharge becomes very slight, it is better at times to decrease the strength of the arg. nit. than to increase it. In cases of gonorrhoeal cystitis, which are usually acute, good results are obtained by instillations of this drug. In cases of chronic deep urethral inflammations, especially those of a granular nature, deep urethral injections are the remedy *par excellence*. Nitrate of silver as an abortive should not be used, as in doing this periurethral inflammations may be set up, which might cause considerable trouble.—*Dr. Guterras, in Journ'l Cutan. Dis.*

## CRANKS AT THE DOCTOR'S.

"Speaking of queer people," said the invalid, "I don't know a place where you'll meet a more variegated assortment of cranks than in a doctor's office. I'm under treatment of a famous specialist here, and in my course of daily visits to his office, extending over a couple of months, I've seen some quaint characters.

"There's one man who insists on asking me if I don't get awfully discouraged, and downhearted, and like to die. He invariably speaks of himself in the past—the remote past. I used to be very fond of whist," he says plaintively. Whenever he does speak of himself in connection with a possible future event, he adds 'if I'm spared.' All that is so cheerful!

"Then there's the man who is forever putting out his tongue and gazing at it in the mirror. He's afraid to shake hands with any one because it keeps him from noting how his pulse is. If the doctor is late in getting to the office this man calls him a murderer and speaks of 'fatal neglect.'

"Some of the people who wait for the doctor's coming delight in sitting down on two or three of the magazines usually provided for the ante-room table. They do this so that they may enjoy the misery of their fellows with a more unholy joy.

"Every one of a doctor's patients regards all the others with a suspicion. Whether it is because each one of them wants the doctor's skill for him or herself alone, I don't know. But they all sit and seem to say, 'Now why can't that fellow go off in peace and quite and die somewhere by himself, instead of coming around here and worrying people with that ante-mortem face of his! Some people are so inconsiderate!

"Half of the ailments a doctor has to contend against are those of the imagination. Some people are never so happy as when they're able to fancy themselves ill. The doctor's cheerful, 'Oh you're all right; just a trifle run down, that's all!' doesn't console them. They know they're ill. They're certain of it. So they refuse to be comforted. Meanwhile Æsculapius prospers.—*Chicago Tribune.*

## THE DISPENSARY-ABUSE PROBLEM IN LONDON.

This burning question, which has only recently excited serious attention among us, received in London very grave consideration as long as forty years ago. At that time numerous conferences were held among physicians touching the matter, and series of fruitless resolutions were passed. A practical attempt was made to correct the evil by the establishment of provident dispensaries for persons of small means; but these dispensaries are generally avoided in favor of those in which a smaller charge or no charge at all is made.

In January, 1892, the Committee on Medical Charities of the British Medical Association appointed a subcommittee of three to obtain from each hospital and dispensary in London which has an out-patient department a statement of the methods used to limit its benefits to those who are unable to pay their private medical attendants. The results of these investigations are published in the *British Medical Journal*, July 23, 1892. Circulars of inquiry were addressed to 171 such institutions, and 94 replies were received. Visits of inspection were paid to 14 hospitals. It was found that in but two of the hospitals were efficient means provided for the exclusion of well-to-do applicants, especially those with special diseases, who declared that they were unable to pay specialist's charges. The dispensaries not connected with hospitals generally reported that they had a system of inquiry.

The committee recommends among other precautions: That an inquiry officer be attached to every hospital, who shall inquire into all doubtful cases. That no members of clubs, provident dispensaries or medical aid associations, be treated, except upon letters from the medical attendant of the society. That notices be placed in the dispensaries explaining that the dispensary is a charity, and that applicants must state means of livelihood and amount of wages. That the general practitioners of each neighborhood should combine for the purpose of supplying medical attendance and medicines to working-people unable to pay the usual fees, who would otherwise go to prescribing druggists and untrained doctors. That the annual report of each medical charity should contain an account of the means it takes to prevent imposture, and a statement of the number of persons refused on these grounds, and the special reasons for such refusal.

These valuable suggestions are to be submitted to the British Medical Association at its next meeting. They are eminently worthy of consideration by our American medical charities.—*Md. Med. Journal*.

Smith, commercial tourist, returned rather unexpectedly and met his friend Brown, who noted that he was down in the mouth. To a question, Smith remarked: "Just got in and found my wife in bed with cerebro-spinal meningitis." Brown, with an effort, mastered his emotion and promptly remarked: "Come along, I'll go your bond. Of course you killed the———h!"

## NEWS AND MISCELLANY.

DR. T. C. HILL's residence at Oxford, Ala., was burned Aug. 18. Loss \$15,000.

REPORT of the Board of Health of New York City, week ending Aug. 13: Marriages 197; Births 932; Deaths 855; Still-births 61.

THE TRI-STATE Medical Society of Mississippi, Arkansas and Tennessee will convene in Memphis, Tenn., on Nov. 16th and 17th.

DR. GRANA, a Spanish physician, according to foreign papers, has found a cure for diphtheria which he claims never fails. The Queen Regent of Spain is reported to be greatly interested in the discovery.

THE MEETING of the West Tennessee Medical and Surgical Society, which was to have taken place on Nov. 16th and 17th, has been postponed in favor of the Tri-State meeting, which takes place at that date. Due notice will be given of time of meeting.

BELLEVILLE (Pa.) physicians are puzzled over a barometrical young lady who is amiable in fair weather, becomes ugly as a storm approaches and is a small cyclone herself about the time for the storm to break. She is, we believe, the only woman whose changes of temper can be foretold with scientific accuracy.

THE drug store keepers of Blue River township, Kentucky, are up in arms against the veteran, Alexander Hockaday, who is 112 years old, because, we are informed by the Philadelphia Times, he is going around boasting that he never took more than one drink of medicine in his life and will never take another. He says it is twelve years since he committed his single folly and he has regretted it ever since, as it might have cut him off in his prime.

THE Prussian government has ordered all country apothecaries to be provided with bicycles, so that medicines can be furnished to the scattered farm districts in the swiftest possible manner. Fancy "Altmeister" Hager speeding over the clods and cobbles, scientifically balancing himself astraddle a 58-inch fragile wheel, grasping a bottle of citrate of magnesia in his right, and a basket filled with fennel, chamomile tea, sweet oil and castile soap in his left. No, thank you, Americans have no use for a paternal government.—*Western Druggist*.

ABORTIVE TREATMENT OF BUBOES BY WELANDER'S METHOD—This consists in injecting into the center of the bubo, by means of a hypodermic syringe, a one per cent. solution of benzoate of mercury, and then applying compression by a bandage. This must be done before suppuration occurs. A single injection in most cases is sufficient. Of the cases ninety-one per cent. and eighty-seven per cent., respectively, have been cured by the author and by Lebrick, of Odessa.—*La Revue Medicale*.

DETERMINATION of sugar in diabetic urine by the muscimetric method.—The following is from the *American Druggist*: Prepare a one per cent. solution of grape sugar in healthy urine, pour it in a soup plate; on an-

other pour an equal volume of the diabetic urine; evaporate both to a syrup consistence, then expose both plates in a place where there are flies. After ten or fifteen minutes count the flies on each plate, divide the number on the diabetic urine by the number on the grape sugar solution, which will give the percentage.—*St. Louis Clinique*.

MALPRACTICE SUITS. At Albia, Iowa, the coming term of District Court promises to be attractive and instructive. A few months ago Dr. Abegg was mulcted for a neat sum of money for malpractice in restoring a fractured limb, and four similar cases have been brought for the coming term. Mr. Demars sues Dr. Bartram for \$7,000 for malpractice, Wm. McKinly wants \$10,000 from Dr. Riordan, and Sam Hayes entered suit against D. Starr for \$3,000. Another \$10,000 damage case will be filed soon.

If cleanliness be next to godliness, as the proverb says, the spiritual condition of the average Parisian must indeed give some cause for grave anxiety. Statistics which have been compiled by Dr. Martin, for the Committee of Hygiene of France, show that on an average each inhabitant of the City of Light takes a bath once every two years. If these figures be correct the lower classes must resemble the old hero of the story, who remarked that he hadn't had a bath for twenty-three years, and that he "didn't propose to begin at his time of life."

ONE of the strangest freaks ever seen in this country, is now on Reynolds street, just above Centre, Augusta, Ga. Friday morning a negro woman living there gave birth to a child that had no brains. The body was formed perfectly and the head to just above the eyebrows like that of any other child. There was no forehead, however, and from above the eye the head sloped backward nearly to the neck, and it was also covered with short hair. The monstrosity only lived a few minutes after birth. News of it, however, spread over the city. It was seen by several of the physicians, who pronounced it the strangest thing they had ever known.—*Exchange*.

## THE THERMAL BELT.

In January last we printed a communication from a voluntary Correspondent relative to a strip of country in Western North Carolina, 23 miles east of Asheville, known and described as the Thermal Belt. It will be remembered that reference was made in that letter to a narrow Canyon locally known as Hickorynut Gap. From a recent issue of the *N. Y. Observer* we clip the following reference to the same, from the pen of Rev. Mr. Wendell of N. Y. City.

\*\*\*\* We had now been descending for nearly two hours and it was evident that we were entering upon a milder climate than we had visited in several weeks. Everything was clothed in the garments of early spring. All the deciduous trees, the shrubs, the vines, the plants were in leaf or blossom. Dogwoods and Ballwoods made brightness and beauty on every side. In the midst of all this grandeur, adorned with infinite

variety of exquisite drapery in foliage and flower, we arrived at an ideal Inn. It is the home of Mr. Turner, for many years a business man in Yonkers, on the Hudson. He has purchased some miles of this scenery in Hickory Nut Gap and is revolutionizing the neighborhood with his enterprises and improvements. Imagine my astonishment and pleasure at meeting his manager and family, who were members of my parish at Newburgh on the Hudson. Here we were entertained with all the comforts and surroundings of an agreeable home. Mr. Turner names his place, "Esmeralda," from the story of Mrs. Frances Hodgson Burnett, which was written in and of this immediate neighborhood. Chimney Rock, which gives the name to this part of the Gap, is a detached mass of rock part way up the mountain, which rises above it in a precipice several hundreds of feet high. For an hour after our arrival, we rested, prone on a great mass of rock, by the noisy river, and gazed upward at the dizzy heights and around at the world of loveliness below. Doubtless there are scenes as beautiful as this in other parts of our land, but I shall see none more lovely until beneath the tree of life, and by the river of water of life, I see the King in his beauty and my loved ones in theirs.—Wendell, in New York Observer.

A LAWYER, who is noted for his absent-mindedness, went up his own stairs the other day, and seeing a notice on his door, "back at three o'clock," sat down to wait for himself.

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**EUROPPHEN** is a complete substitute for iodoform and is a cicatrizing, of special value in specific lesions, catarrhal and ulcerative diseases and all surgical conditions formerly treated by the latter preparation. It has five times the covering power of iodoform and forms an impervious coating over denuded tissues. Europphen has a faint, agreeable odor resembling that of saffron. (*Supplied in ounces.*)

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## THE REQUIREMENTS FOR MEDICAL PRACTICE IN FRANCE.

Article I. No one can practise medicine in France if he is not furnished with the diploma of M.D., delivered by the French Government in consequence of examinations undergone in a government institution of superior medical instruction.

Article II. No one can exercise the profession of dentist if not furnished with a diploma of M.D., or of surgeon-dentist (D.S.). The diploma of D.S. will be delivered by the French Government after studies organized according to regulations given by advice of the Superior Council of Public Instruction, and after examinations undergone in a government institution for superior medical instruction.

Article III. Midwives can only practise their art of accouchement if they are provided with a diploma of first or second class delivered by the French Government after examination undergone in a medical school.

Article IV. Midwives are forbidden to employ instruments or medicines without the presence of a doctor (exceptions provided for); but are authorized to vaccinate and revaccinate against the small-pox.

Article V. Doctors, surgeon-dentists, and midwives, provided with a foreign diploma, whatever may be their nationality, can only exercise their profession in France upon the condition of having obtained the diploma of M.D., D.S., or that of midwife, in accordance with the dispositions provided for in the preceding articles.

Article VII. Foreign students who present either the diploma of M.D. or of D.S., or of pupils of foreign nationality who present a diploma of midwife of first or second class, are submitted to the same rules in regard to scholarship and examinations as the French students. Moreover, there can be accorded to them, in view of instruction in the faculties and medical schools, either the equivalent of the diploma or certificates obtained by them abroad; or the dispensation of the French grades required for this inscription, as also partial dispensations of scholarship corresponding to the duration of the studies completed by them abroad.

Article IX. Doctors of medicine, surgeon-dentists, and midwives are required to register *without expense*, their title at the prefecture, sub-prefecture, or at the registry of the Civil Court of their district during the month which follows their establishment in the district.

Article X. Every year in each district lists must be made out by the prefect or judicial authority; the said lists to bear the names, place of residence, and date and origin of the diploma of every doctor, surgeon-dentist, and midwife controlled by the present law.

Article XV. The functions of medical expert in a court of law can only be filled by doctors of medicine of French nationality.

Article XVI. Every physician, health officer, and midwife is required, upon establishing the diagnosis, to declare to the public authority all cases of contagious diseases under his observation.

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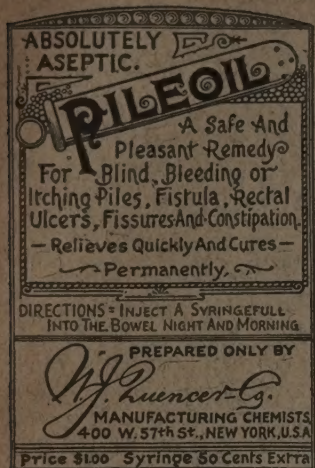
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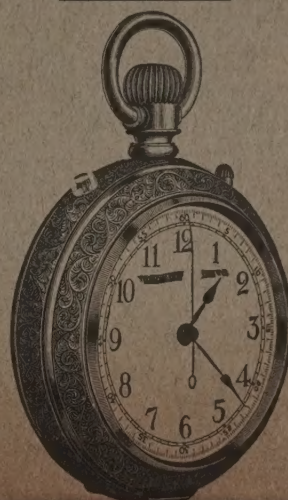
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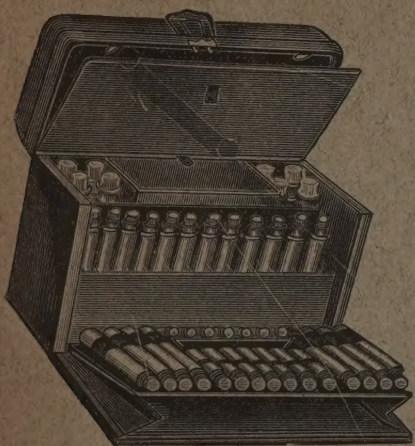
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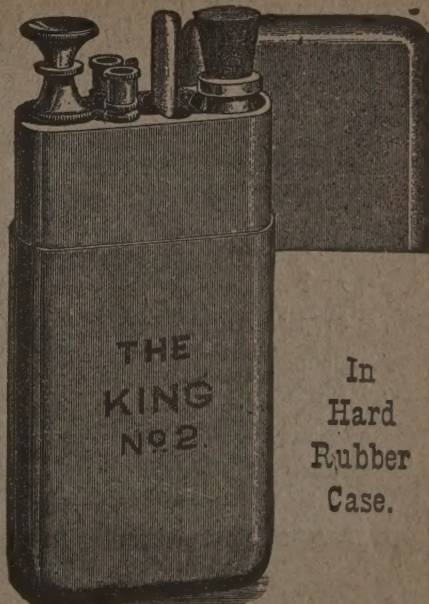
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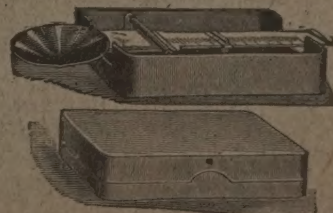
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